

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

Ellis D. Harris and Scott M. Stratford

Attorneys Docket No. *EDH/03001*

Filed

For:

**LENTICULAR LENS FOR DISPLAY**

Sir:

Submitted herewith is a copy of the birth certificate of inventor Ellis D. Harris signifying his birth on 20 December 1927 and that he is over the age of 65. Accordingly he is petitioning that the above application be designated as SPECIAL in view of inventor age.

As shown in the text of the submitted application, a prior art survey of at least 12 prior patents have been evaluated prior to submission of said application.

Respectfully submitted:



Ellis D. Harris  
1646 Lynoak Dr.  
Claremont, CA 91711

# STATE OF UTAH—DEPARTMENT OF HEALTH

THIS CERTIFICATE MUST BE FORWARDED BY THE LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROPERLY REGISTERED.

STATE BOARD OF HEALTH FILE NO. 264620

## CERTIFICATE OF BIRTH, STATE OF UTAH.

PLACE OF BIRTH  
County of Duchesne  
Precinct of Monarch  
Town or Village of \_\_\_\_\_  
City of \_\_\_\_\_

Street and No. \_\_\_\_\_  
(If in Hospital or other Institution, give its name instead of Street and Number.)

FULL NAME OF CHILD Ellis Donald Harris { If child is not yet named, make supplemental report as directed.

Sex of Child male Twin, triplet, or other? ☒ Number in order of birth 1 Legitimate? ☒ Date of Birth Dec 20 1927  
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME <u>Lester Harris</u>		FULL MAIDEN NAME <u>Madonna Clark</u>	
RESIDENCE <u>Monarch, Utah</u>		RESIDENCE <u>Sodona, Monarch, Utah</u>	
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>44</u> [Years]		COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>38</u> [Years]	
BIRTHPLACE <u>Parah, N. Ca.</u>		BIRTHPLACE <u>Spring Lake, San Joaquin, Cal.</u>	
OCCUPATION <u>Farming</u>		OCCUPATION <u>Housewife</u>	
Number of children born to this mother, including present birth <u>2</u>		Number of children of this mother now living <u>2</u>	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, and that it occurred on Dec 20 1927 at 2:02 a. M.

Premature no or Stillbirth? no (Yes or No)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signature) D. B. Whitman, M. D.

Date Dec 27, 1927 [Physician or Midwife]

Given Name added from supplemental report \_\_\_\_\_ 19 \_\_\_\_\_

Address of Physician or Midwife Roseville, Utah

Filed Jan 12, 1928 Alma E. Lowe REGISTRAR

Registered No. 1

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: MAR 12 1993

John E Brockert  
John E. Brockert  
DIRECTOR OF VITAL STATISTICS



SL 650621